FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instru	_	
	<u> </u>		Office use only
1. NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5
National Cotto	on Council Committee for the	Advancement of Cotton	
ADDRESS (number and	P.O. Box 820292		
(Check if addr	ess		
is changed)	Memphis		TN 38182 - 0292
COMMITTEE'S E-MA	I ADDRESS	CITY	STATE▲ ZIP CODE ▲
ncox@cotton.			
COMMITTEE'S WEB	PAGE ADDRESS (URL)		1
COMMITTEE'S FAX N 901-725-0510	IUMBER		
2. DATE 0.3			
3. FEC IDENTIFICA	TION NUMBER	C C00023028	
4. IS THIS STATEM	IENT NEW (N) OF	AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my	knowledge and belief it is true, correct	and complete
Type or Print Name of	Treasurer Mr. William R	., Tracy	
Signature of Treasurer	Electronically Filed by Mr. Wil	liam R., Tracy	Date 03 / DD / YYYYY
NOTE: Submission of fa	•	may subject the person signing this St	atement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS
Office Use Only		For further information Federal Election Commit Toll Free 800-424-9530	

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the can information below.)	didate
	Name of Candidate	
	Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		ocratic, blican,etc.) Party. or party
3. 	Name of Any Connected Organization or Affiliated Committee National Cotton Council	
	Mailing Address 1918 N. Parkway	
	Memphis TN 3811	2
	CITY▲ STATE▲ ZII	P CODE A
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	
	Membership Organization X Trade Association Cooperative	

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٧	rite or Type Committee Name					
	National Cotton Council	I Committee for the Advancement	of Cotton			
7.	Custodian of Records: Ide possession of Committee	entify by name, address, (phone numbooks and records.	iber optional), and pos	ition of th	e person in	
	Full Name Mrs. Na	ancy T., Cox				
	Mailing Address	1918 N. Parkway				
		Memphis	<u>T</u>	<u> </u>	38112 _	,
	Title or Position ♥	CITY A	STA	ГЕ▲	ZIP COI	DE A
	Accounting	g Associat	Telephone number	901		9030
	name and address of any Full Name	and address (phone number optio designated agent (e.g., assistant tre				
	Mailing Address	1918 North Parkway				
		Memphis		<u> </u>	38112 _	
	Title or Position ♥	CITY A	STA	ГЕ▲	ZIP COI	DE A
			Telephone number	901		9030
	Full Name of Designated Agent R. E. SI	nellabarger				
	Mailing Address	1918 N. Parkway				
		Memphis		<u> </u>	38112 _	
	Title or Position ♥	CITY A	STAT	TE A	ZIP COD	DE A
	Controller		Telephone number	901	274	9030

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9.	Banks or Other Depos safety deposit boxes or	·	nts, rents
	Name of Bank, Deposito	ory, etc.	
	A	AmSouth Bank	
	Mailing Address	1415 Union Avenue	
		Memphis TN 381	04 -

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷

Image# 27930176898			
Form/Schedule: F1A Transaction ID:	Amended due to incorrect information on line 5(e) and line 6.		
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